



## **Environmental and Public Protection Cabinet**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
14 REILLY ROAD  
FRANKFORT, KY 40601  
TELEPHONE NUMBER (502) 564-6716

### **REGISTERED PERMIT-BY-RULE For STORAGE AND TREATMENT OF PROCESSED SPECIAL WASTE DEP 7059G (1/06)**

#### **GENERAL INSTRUCTIONS**

1. **APPLICABILITY** – This registration form must be completed and submitted to the Cabinet by persons who propose to store and treat processed special waste.
2. **PREPARATION** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502) 564-6716.
3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and one (1) bound copy, of the completed registration form to the Division of Waste Management at the address noted above. If an item is not applicable, write “N/A” in the space provided.
4. **LAWS AND REGULATIONS** – Registrants are expected to understand and comply with all laws and regulations applicable to the storage and treatment of processed special waste.

**REGISTERED PERMIT-BY-RULE  
STORAGE AND TREATMENT OF PROCESSED SPECIAL WASTE**

1. ☐ New Registration - A registration number will be assigned by the Cabinet.
2. ☐ This is a proposed modification of an existing registration.

**Note:** (If you checked **item 2**, complete one or both of the following two items.)

3. Agency Interest #: \_\_\_\_\_
4. Registration #: \_\_\_\_ - \_\_\_\_\_

**Registrant Information**

(The corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

5. Registrant Name: \_\_\_\_\_
6. Registrant Mailing Address: \_\_\_\_\_
7. City: \_\_\_\_\_
8. State: \_\_\_\_
9. Zip Code: \_\_\_\_\_
10. Contact Person: \_\_\_\_\_
11. Title: \_\_\_\_\_
12. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
13. Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
14. Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
15. E-Mail Address: \_\_\_\_\_

**Special Waste Treatment Facility**

16. Facility Name: \_\_\_\_\_
  17. County: \_\_\_\_\_
  18. Facility Location: \_\_\_\_\_
  19. E-Mail Address: \_\_\_\_\_
- (For street or physical location only. Do not use P. O. Box #'s, etc.)
20. City: \_\_\_\_\_
  21. Zip Code: \_\_\_\_\_
  22. Facility Contact Person: \_\_\_\_\_
  23. Title: \_\_\_\_\_
  24. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
  25. Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
  26. Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Preparer Information**

(Complete items 27 – 36 if the following information concerning the person preparing this registration is different from the contact persons named above.)

27. Preparers Name: \_\_\_\_\_
28. Company: \_\_\_\_\_
29. Mailing Address: \_\_\_\_\_
30. E-mail Address: \_\_\_\_\_
31. City: \_\_\_\_\_
32. State: \_\_\_\_
33. Zip Code: \_\_\_\_\_
34. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
35. Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
36. Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Special Waste Source(s)

List the following information for the special waste generator(s).

Use **Attachment 1** if additional sheets are needed.

37. Company: \_\_\_\_\_ 38. Contact Person: \_\_\_\_\_
39. Mailing Address: \_\_\_\_\_ 40. E-mail Address: \_\_\_\_\_
41. City: \_\_\_\_\_ 42. State: \_\_\_\_ 43. Zip Code: \_\_\_\_\_
44. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 45. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 46. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

### Special Waste Storage Sites

If a site other than the Special Waste Treatment Facility is to be used for storage of special waste, list the following information for the landowner(s) of all storage site(s).

Use **Attachment 2** if additional sheets are needed.

47. Company: \_\_\_\_\_ 48. Contact Person: \_\_\_\_\_
49. Mailing Address: \_\_\_\_\_ 50. E-mail Address: \_\_\_\_\_
51. City: \_\_\_\_\_ 52. State: \_\_\_\_ 53. Zip Code: \_\_\_\_\_
54. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 55. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 56. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

57. Provide, as **Attachment 3**, a narrative description of the proposed special waste processing operation.
58. Provide, as **Attachment 4**, a sketch of the proposed treatment facility.
59. Provide, as **Attachment 5**, an original, current, seven and one half (7.5) minute United States Geological Survey Topographic Map with the proposed treatment and storage site boundaries clearly marked.
60. Describe, in **Attachment 6**, the methods that will be employed to ensure compliance with the environmental performance standards of 401 KAR 30:031.
61. Describe, in **Attachment 7**, the pathogen reduction processes that will be utilized. For acceptable methods, refer to 401 KAR 45:100 Sections 11 and 12.

62. Provide, as **Attachment 8**, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) analysis from each special waste source.

**Note:** You may omit the TCLP analysis or specific parameters of the analysis based upon your knowledge of the special waste, pursuant to 40 CFR 262.11. Should you elect to do this, a certified statement accepting responsibility will be required. Polychlorinated Biphenyls (PCBs) may also be omitted from the parameters listed in 401 KAR 45:100 Section 6(20)(b). Any certified statement for the omission of the TCLP or PCB data should be labeled as **Attachment 9**.

63. Provide, as **Attachment 10**, a copy of the special waste analysis in accordance with 401 KAR 45:100 Section 6(20)(b).

64. Provide an estimate of the total and per source volume of special waste to be treated or stored. For storage facilities, provide the total acreage to be used. If more sheets are needed, provide the information labeled as **Attachment 11**.

Source:	Volume: _____
Source:	Volume: _____
Source:	Volume: _____
Source:	Volume: _____
	-----
	Total Volume: _____

Storage Site:	Acres: _____
Storage Site:	Acres: _____
Storage Site:	Acres: _____
	-----
	Total Acres: _____

46. Registrants must utilize the log sheet provided as **Attachment 12**, to record the names, addresses, dates and quantities of sludge distributed to an individual. Registrants are to retain this log at the facility. Quantities should be recorded as gallons or tons.

**65. Certification pursuant to 401 KAR 45:030 Section 10(4):**

**“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”**

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Registrant (typed or printed): \_\_\_\_\_

Title or Position: \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Attachment 1**  
**Additional Special Waste Sources**

1. Company: _____	2. Contact Person: _____
3. Mailing Address: _____	4. E-mail Address: _____
5. City: _____	6. State: ____ 7. Zip Code: _____
8. Phone #: (____)____ - ____	9. Fax #: (____)____ - ____ 10. Cell #: (____)____ - ____
-----	
11. Company: _____	12. Contact Person: _____
13. Mailing Address: _____	14. E-mail Address: _____
15. City: _____	16. State: ____ 17. Zip Code: _____
18. Phone #: (____)____ - ____	19. Fax #: (____)____ - ____ 20. Cell #: (____)____ - ____
-----	
21. Company: _____	22. Contact Person: _____
23. Mailing Address: _____	24. E-mail Address: _____
25. City: _____	26. State: ____ 27. Zip Code: _____
28. Phone #: (____)____ - ____	29. Fax #: (____)____ - ____ 30. Cell #: (____)____ - ____
-----	
31. Company: _____	32. Contact Person: _____
33. Mailing Address: _____	34. E-mail Address: _____
35. City: _____	36. State: ____ 37. Zip Code: _____
38. Phone #: (____)____ - ____	39. Fax #: (____)____ - ____ 40. Cell #: (____)____ - ____
-----	
41. Company: _____	42. Contact Person: _____
43. Mailing Address: _____	44. E-mail Address: _____
45. City: _____	46. State: ____ 47. Zip Code: _____
48. Phone #: (____)____ - ____	49. Fax #: (____)____ - ____ 50. Cell #: (____)____ - ____

**Attachment 2**  
**Additional Special Waste Storage Sites**

1. Company: \_\_\_\_\_ 2. Contact Person: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_ 4. E-mail Address: \_\_\_\_\_
5. City: \_\_\_\_\_ 6. State: \_\_\_\_ 7. Zip Code: \_\_\_\_\_
8. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 9. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 10. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_
- 
11. Company: \_\_\_\_\_ 12. Contact Person: \_\_\_\_\_
13. Mailing Address: \_\_\_\_\_ 14. E-mail Address: \_\_\_\_\_
15. City: \_\_\_\_\_ 16. State: \_\_\_\_ 17. Zip Code: \_\_\_\_\_
18. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 19. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 20. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_
- 
21. Company: \_\_\_\_\_ 22. Contact Person: \_\_\_\_\_
23. Mailing Address: \_\_\_\_\_ 24. E-mail Address: \_\_\_\_\_
25. City: \_\_\_\_\_ 26. State: \_\_\_\_ 27. Zip Code: \_\_\_\_\_
28. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 29. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 30. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_
- 
31. Company: \_\_\_\_\_ 32. Contact Person: \_\_\_\_\_
33. Mailing Address: \_\_\_\_\_ 34. E-mail Address: \_\_\_\_\_
35. City: \_\_\_\_\_ 36. State: \_\_\_\_ 37. Zip Code: \_\_\_\_\_
38. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 39. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 40. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_
- 
41. Company: \_\_\_\_\_ 42. Contact Person: \_\_\_\_\_
43. Mailing Address: \_\_\_\_\_ 44. E-mail Address: \_\_\_\_\_
45. City: \_\_\_\_\_ 46. State: \_\_\_\_ 47. Zip Code: \_\_\_\_\_
48. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 49. Fax #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ 50. Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

## ATTACHMENT 12

### PROCESSED SPECIAL WASTE DISTRIBUTION LOG SHEET

Agency Interest #: \_\_\_\_\_

Permit #: \_\_\_\_ - \_\_\_\_\_

Facility: \_\_\_\_\_

Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_ Zip Code: \_\_\_\_\_

Name of Recipient	Address of Recipient	Date the Sludge was Received	Amount Received (gals. / tons)
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
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_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____
_____	_____	__ / __ / __	_____

**Make additional copies of this form as needed.**